

Case Number:	CM14-0040042		
Date Assigned:	06/27/2014	Date of Injury:	02/09/2007
Decision Date:	08/18/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/04/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The records presented for review indicate that this 67 year-old female was reportedly injured on 2/9/2007. The mechanism of injury is noted as a fall. The most recent progress note, dated 3/4/2014 indicates that there are ongoing complaints of right leg pain. The physical examination demonstrated right lower extremity: mild swelling throughout the entire right femur, incision healed, tender over the distal femur and knee joint; Diffuse tenderness along the joint line; Right knee range of motion 0-50; Neurovascular intact. No new diagnostic studies are available for review today. Previous treatment includes previous surgeries, physical therapy, and medications. A request was made for home health 3-4 hours a day time six days a week, times four weeks and was not certified in the pre-authorization process on 3/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Home health Aide Service, 3 to 4 hours a day, 6 days a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis Chapter and Knee Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Home Health Services Page(s): 51 OF 127.

Decision rationale: Home health services are recommended only for medical treatment of patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. After reviewing the medical documentation provided it is noted that the injured worker is six weeks status post removal of hardware and retrograde intramedullary interlocking nailing of a right distal femur nonunion. The patient is partial weight-bearing with a walker. Also, the treating physician has recommended outpatient physical therapy. The medical records provided do not indicate a specific need that the patient is homebound. Therefore, the request for home health services, 3 to 4 hours a day, 6 days a week for 4 weeks is deemed not medically necessary.